

FILED DEC 9 1944
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether
In this community 55 years
years, months or days)

3. (a) PRINT FULL NAME Oscar M. Polster
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Frieda C. Polster 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October 2, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 30 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business U. S. Government

MOTHER FATHER {
12. Name Wm. Polster
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. G. Polster
(b) Address 3637 S. Spring Avenue

17. (a) Burial (b) Date thereof Dec. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Reiderwieden F.H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 4 1944 (b) J. Medaer
(Date received for registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3710a South Spring
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st
year 1944 hour 5 AM minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1st to Dec 1st, 1944
that I last saw him alive on Dec 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thromblysis Duration 2 days

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature William Benko (M. D. or other)
Address 3452 Grove Ave Date signed 12/4/44

Dr. Wm. Bemko
3450 Wendis
1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3737

P.O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.